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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 7-22-22

Contract Warranty P & L

CUSTOMER Almo 30-30 Northern Blvd Long Island City		PHONE NJ 7701	MANUFACTURER TOUR & ANDERSON	
CONTROL EQUIPMENT <input checked="" type="checkbox"/> ABAC <input type="checkbox"/> AMERICAN AUTOMATICS <input type="checkbox"/> ANOTHER <input type="checkbox"/> BARKERCOLEMAN <input type="checkbox"/> HEAT TAUR		SUPPLIERS HONEYWELL JOHNSON LANDIS & STAFDA NEVAR CONTROLS SEES TELEPOL SYSTEMS		PROGRAMMED BY TOUR & ANDERSON ELECTRO-ELECTRONIC PC SOFTWARE MECHANIC PROGRAMMABLE LOGIC CONTROL
JOB DOCUMENTATION REQUIRED DRAWINGS FILES		SECURITY SYSTEMS <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM		MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
INSTRUCTIONS		SYSTEM PHONE		MODEL & SERIAL NUMBER
ACTION REPORT				

CONDITIONS FOUND

Service 5 Floor MJT and 3 Floor Factory and Hallway unit.

SERVICES PERFORMED

- ① Service MJT not Cooling check unit troubleshooting was on high pressure clean strainer Adjusted Amp. Compressor Test unit work.
- ② Service 3 Factory unit Mechanical cooling not work Troubleshooting clean strainer still that unit need work.
- ③ 3 Floor Hallway unit high Pressure that unit Electric problems need replaced Relay and 2 stage High front Pressure switch switch not work no preplaced You need Replaced all This parts mentioned.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

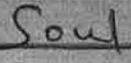
PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	O/T HOURS	TRAVEL/HRS	EXPENSES	PER H	TOTAL HOURS
7-22	Antonio G.	12:00	6:00			2			

SIGNATURE DATE 7-22-22 CUSTOMER SIGNATURE  DATE _____

Print Name Antonio G. Print Name _____

OFFICE USE ONLY
INVOICE NUMBER:

BILLED TO JOB NUMBER _____

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WHITESTONE



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 07-21-22

Contract Warranty P & L

CUSTOMER J. Trumbull 31-10 37 Ave. Long Island City		PHONE 847-977-06	ADDRESS Bldg#:	
ADDRESS CITY		REQUESTED BY:		
CONTROL EQUIPMENT <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATES <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARDENCOLEMAN <input type="checkbox"/> HEAT-THER		SECURITY <input type="checkbox"/> TOURN & ANDERSON JOHNSON LANDIS & STASFA NOVAR CONTROLS SEIGE TELETRON SYSTEMS <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL		Mechanical Equipment <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		SYSTEM PHONE:		OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
INSTRUCTIONS				

ACTION REPORT

CONDITIONS FOUND Service.
SERVICES PERFORMED <p>① check RTU Trane same noise unit see. ② check was belts need replaced. need new pulley ③ was replaced. Test not more noise ④ This unit next time need change pulley.</p>
RECOMMENDATIONS you need change next Time Pulley

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	O/HOURS	TRAVEL EXP	EXPENSES	HIRE	TOTAL BLD
7/21	Antonio C	4:00	5:30						

SIGNATURE J. Trumbull DATE 7-21
Print Name Antonio C.

CUSTOMER
SIGNATURE J. TrumbullPrint Name BILLED TO JOB NUMBER

OFFICE USE ONLY

INVOICE NUMBER



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-889-6965 • Fax: 347-235-4741

Date: 07.12.22

Contract Warranty P&L

CUSTOMER NAME: Burg burger ADDRESS: 33-21 31 St. Ave CITY: Astoria		PHONE	MANAGER			
		BUILDING	SUPPORT CONTRACT			
		DATE: 07/12/06	REQUESTED BY			
CONTROL EQUIPMENT: <input type="checkbox"/> REED <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BAEFERSOLEMSEN <input type="checkbox"/> HEAT/TIMER JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES INSTRUCTIONS:		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFA <input type="checkbox"/> MOYAR CONTROLS <input type="checkbox"/> SEBEC <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PHARMATICS <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
			SYSTEM PHONE	MODEM & SERIAL PORTS		

ACTION REPORT

Service.

SERVICES PERFORMED

- ① check walk in box not cooling check problem was diaphragm pressure and need Thermostat
- ② washing Evaporator and Condenser dirty check fricon ok TGT don't work
- ③ check freezer get Service washing Evaporator and Condenser and Replaced capacitor check fricon ok
- ④ check low Refrigerator washing Condenser check fricon is ok

walk in box need Thermostat.

 COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION:

QTY:	MFG:	PART NUMBER:					

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

START TIME	END TIME	RECHARGE	OFFICER	TRAVEL TIME	TRAVEL EXP	TRAVEL MILE

7.22 Antonio G.

12:00 6:45

DATE 7.22

CUSTOMER
SIGNATURE

Print Name

Carlos Freyre DATE

SIGNATURE

TIME SHEET

FILED TO JOB NUMBER

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INVOICE NUMBER

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WHITESTONE

 149-44 15th Drive
 Whitestone, NY 11357
 Tel: 718-869-5965 • Fax: 347-235-4741

Date: 07.07.22

Contract Warranty P&L

Customer	Phone	Address	Service
212-03 Union Tpke Oakland Gardens	NY 11364	Regulated by:	
CONTROL EQUIPMENT	HONEYWELL JOHNSON LANDIS & STAEBA NOVAN CONTROLS DEHN TELEPOL SYSTEMS	SECURITY/ELECTRONIC ELECTRIC-ELECTRONIC PC SOFTWARE PNEUMATIC PROGRAMMABLE LOGIC CONTROL	MECHANICAL EQUIPMENT AIR CONDITIONER BOILER CHILLER PUMP
ALL DOCUMENTATION REQUIRED		SYSTEM PHONE	OTHER SERVICES CALIBRATION CONSULTATION INSPECTION TRAINING VALIDATION
DRAWINGS FILLS			Model A Service Trainer
INSTRUCTIONS			

ACTION REPORT

Service walk in Box

RECOMMENDATIONS

① check and Service walk in cooler not working
 ② low freon have leak check where is leak
 ③ change Service valve low side and high side
 have leak was Replaced change freon and
 test not leak The unit worked good.
 ④ check other unit low freon charge This
 unit need change High side Service valve and
 this unit need fixing suction line

You need Replaced This parts and change
 D Suction line

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
1			Valve High side
1			Valve Low side.

 CONTINUATION ON ADDITIONAL PAGES**LABOR BILLING INFORMATION**

DATE	EMPLOYEE	STATION	ACTIVITY	RESPONSIBILITY	OFFICE	TRAVEL EXP.	EXPIRED	PPR	PPR EXP.
7/7	Antonio G.	8:00 6:15							

DATE 07.07.22
 CUSTOMER
 SIGNATURE

PRINT NAME

OFFICE USE ONLY
 INVOICE NUMBER

WHITE Office Copy YELLOW Job File Copy

WHITE PHARMACY
 149-44 15th Drive
 Whitestone, NY 11357

2533

WHITESTONE

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 07/06/22

Contract Warranty P & L

CUSTOMER		PHONE	SALES	
ADDRESS	Alma.			
CITY	30-30 100th Blvd Long Island City	BUSINESS	SUPER-CONTACT	
CONTROL EQUIPMENT	<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAURIS & STAFIA <input type="checkbox"/> MODAR CONTROLS <input type="checkbox"/> SEES <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	SECURITY/FIRE	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
JOBSITE DOCUMENTATION REQUIRED	03111111		REQUESTED BY:	OTHER SERVICES
<input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES			SYSTEM PHONE:	<input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
INSTRUCTIONS:				

ACTION REPORT

CONDITIONS FOUND:

Scrutec

SERVICES PERFORMED:

- ① 3 Floor Mammoth unit w/ manual cooling.
- ② check same alarm. Reset check Pressure. High
- ③ cleaning strainers was clogged.
- ④ Reset is ok rose alarm. That unit working.

RECOMMENDATIONS:

 COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	EMPLOYEE	START TIME	END TIME	REG HOURS	O/HOURS	TRAVEL/HRS	EXPENSES	PER	VALUED BY
07/06	Antonio G.	1:30	5:45						

SIGNATURE

Antonio G.

DATE 07-22 CUSTOMER SIGNATURE

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DATE 7-22

Print Name

Print Name

OFFICE USE ONLY

INVOICE NUMBER

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WHITESTONE

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-659-6965 • Fax: 347-235-1741

Date 05/17/22

Contract Warranty P.A.L.

Customer Name Address City	Phone Fax	Comments			
Trumbull CR-10 3F Ave. Bronx					
CONTROL EQUIPMENT <input type="checkbox"/> ABB <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARKERCOLEMAN <input type="checkbox"/> HEAT-FIRED JOB DOCUMENTATION <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FAXES PRODUCTS	MANUFACTURER Johnson Johnson LAMCO & STAFKA ROHAN CONTROLS RIEKE TELETRON SYSTEMS	PRODUCTS ELECTRICAL & AUTOMATION ELECTRO-ELECTRONIC PC SOFTWARE PNEUMATIC PROGRAMMABLE LOGIC CONTROL	SECURITY TYPE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	MACHINERY EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> ALIGNMENT <input type="checkbox"/> CALIBRATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
		SYSTEM PHONE		MODEL & SERIAL NUMBER	

ACTION REPORT

CONDITIONS FOUND

Service

① Service Social Security office not cooling.
 ② check Air handle check Thermostats reset
 ③ electric problem condensator unit #3 change contactor
 ④ change belts change filters Test unit working not
 problem
 ⑤ Unit #7 Troubleshooting Fixing outside unit
 ⑥ Relic contact wires unit working
 ⑦ unit #2 check Thermostats check pressure is OK
 All unit working not problem.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION:

QTY:	MFG:	PART NUMBER:	DESCRIPTION:						

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	START TIME	END TIME	REGULAR	OVERTIME	TRAVEL TIME	TRAVEL EXP.	STUNTS	ROLLING
10/15/22	4:45							

BUT Antonio G.

DATE 5/22

CUSTOMER
SIGNATURE

DATE

SIGNATURE

Antonio G.

Print Name

PHONE NUMBER

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INVOICE NUMBER:

BILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 05.12.22
Contract Warranty P & L

CUSTOMER NAME: Bone burger ADDRESS: 795 Columbus Ave CITY: NY		PHONE: <input type="text"/>	SELLER: <input type="text"/>		
BUILDING: <input type="text"/>		SUPPLY/CONTACT: <input type="text"/>			
STATE: NY ZIP CODE: 10025		REQUESTED BY: <input type="text"/>			
CONTROL EQUIPMENT <input type="checkbox"/> ABB <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARKERCOLEMAN <input type="checkbox"/> HEAT-TIMER		COMPONENTS <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFFA <input type="checkbox"/> MOTOR CONTROLS <input type="checkbox"/> SEIRE <input type="checkbox"/> TELETRON SYSTEMS	SECURITY <input type="checkbox"/> TURK & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
ADDITIONAL EQUIPMENT <input type="checkbox"/> DRAINS <input type="checkbox"/> FILES		SYSTEM PHONE: <input type="text"/>		MODEL # SERIAL NUMBER: <input type="text"/>	
RESTRICTIONS: <input type="text"/>					

ACTION REPORT

CONDITIONS FOUND:

Service.

SERVICES PERFORMED:

- ① Remove Extension Cord old Grill and
- ② Install new grills Test working not
Problem
- ③ check Fryer breaker dripping You need
change breaker.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	DESCRIPTION	OF HOURS	TRAVEL/HRS	EXPENSES	PER	TOTAL HRS
5/3	Antonio G.	7:30	9:45			2		1	

SIGNATURE: Antonio G.

DATE: 5/22 CUSTOMER SIGNATURE

Print Name: _____

DATE: _____

Print Name: _____

BILLED TO JOB NUMBER: _____

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INVOICE NUMBER: _____

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-238-4741

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Date: 05.10.22

Contract Warranty P & L

05.09

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CUSTOMER Barc burger		FROM	MANAGER	
ADDRESS 515 washington st		WEBSITE	SUPERVISOR	
CITY Hoboken		STATE NY 07030	REQUESTED BY	
CONTROL EQUIPMENT ANCH AMERICAN AUTOMATION ANDOVER DARRENCOFFMAN HEATRONICS		HONEYWELL, JOHNSON LANDIS & STAFDA NOMAN CONTROLS SEEM TELETRON SYSTEMS	SECURITY <input type="checkbox"/> ALARM & ALARMING <input type="checkbox"/> BURGLAR ALARM SYSTEM <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PLC/HMI <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
JOB DOCUMENTATION DRAWINGS <input type="checkbox"/> FILES			SYSTEMPHONE	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
INSTRUCTIONS				

CONDITIONS FOUND Service				
ACTION REPORT				
SERVICES PERFORMED				
<p>① freezer not cooling check problem.</p> <p>② Low freon and leak check leak was</p> <p>③ Service valve condenser and evaporator replaced.</p> <p>④ Stem valve change freon.</p> <p>⑤ Fixing leak test unit working not problem</p> <p>⑥ check cooler adjusted Thermostat</p> <p>⑦ 2 unit working not problem</p>				
RECOMMENDATIONS				

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
2			stem valve

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	OHT HOURS	TRAVEL HRS	EMPLOYEE	PARK	TOOLS/ETC
05/10	Antonio G.	8:00	5:45			7			

SIGNATURE

DATE 5 22

CUSTOMER
SIGNATURE

DATE

Print Name

Antonio G.

BILLED TO JOB NUMBER

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INVOICE NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 05-09-22

Contract Warranty P & L

CUSTOMER		JOB		MANAGER	
ADDRESS 28-18 31 street Astoria		CITY STATE ZIP CODE NY 11102		SUPER/CONTACT	
CONTROL EQUIPMENT <input type="checkbox"/> ASGI <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT-TRAK JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		HONEYWELL JOHNSON LANDIS & STAEFA MODAR CONTROLS BRISE TELETRON SYSTEMS		REQUESTED BY: <input type="checkbox"/> YORK & ANDERSON <input type="checkbox"/> ELECTRIC ELECTRONIC <input type="checkbox"/> PC-BOTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLS	
				SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	
				MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	
				OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION	
				SYSTEM PHONE	
				MODEL & SERIAL NUMBER	
INSTRUCTIONS					

ACTION REPORT

CONDITIONS FOUND					
Service.					
SERVICES PERFORMED					
① call RTU not working Electric problem. ② all units Troubleshooting That problem was Fire Alrm. Reset working ③ change Filters That Doctor office unit #1 Frozen check Evaporator and Condenser washing dirty use chemical check Pressure is OK. not problem ④ Test all unit working not problem ⑤ Service 2 small unit change Filters.					

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MPN:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

WORK DESCRIPTION	START TIME	END TIME	REG HOURS	OT HOURS	TRAVEL HRS	EXPENSES	PW	TOTAL HRS
S 9 Astoria 6	11:40	5:00						

SIGNATURE

DATE 5-22

CUSTOMER
SIGNATURE

Print Name

DATE

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 05.09.22

Contract Warranty P&L

ACTION REPORT

卷之三

Service

云游记

① Service and check back and washing
pump and coils and Flushing chlorine line
② Fixing back and test unit not problem
③ One units got service missing The rest q
units Total 11 units

REVIEWED WORKS

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

PARTS BILLING INFORMATION			DESCRIPTION:
GTY:	MFG:	PART NUMBER:	

C1 CONTINUATION ON ADDITIONAL PAGES

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

QUESTION

Jeffrey
Jeffrey

DATE 5-22

**CUSTOMER
SIGNATURE**

DATE

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Print version

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WHITE STONE
SERVICES

140-48 15th Drive
Woodside, NY 11387
Toll: 718-569-6900 • Fax: 347-235-4781

Date: 02-28-22
Contract # Warranty # P & L #

Customer Name: <i>Bob Hayes</i> Address: <i>55 La Guardia Pl NY</i>	Address: <i>103-18 50th</i>	Notes: <i>ASSESSMENT</i>
Customer Name: <i>Bob Hayes</i> Address: <i>55 La Guardia Pl NY</i>	Address: <i>103-18 50th</i>	Notes: <i>ASSESSMENT</i>
Customer Name: <i>Bob Hayes</i> Address: <i>55 La Guardia Pl NY</i>	Address: <i>103-18 50th</i>	Notes: <i>ASSESSMENT</i>

ACTION REPORT

Service

① check freeze not cabling.
② Adjust freon and check leak/ Adjust Service
line. Test unit working
③ Change circulator pump tank filter and gaskets
④ Test working

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CORRECTIONS

PARTS BILLING INFORMATION

QTY:	MPN:	PART NUMBER:	DESCRIPTION:
			<i>Circulator pump</i>

CANCELLATION REOPEN REWORK

LABOR BILLING INFORMATION

EMPLOYEE	RETIME	REWORK	WASH	WATER	WIRE	WIRELESS
<i>Bob Hayes</i>	<i>8:00</i>	<i>8:00</i>			<i>2</i>	

SIGNATURE *Bob Hayes* **DATE** *2-22* **CUSTOMER SIGNATURE** *James P. Hayes* **DATE**
Print Name *Bob Hayes* **Print Name** *James P. Hayes*

REF ID: TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER:

White Office Copy Yellow Job File Copy

9876

a69664

2504

Date: 01.23.72

Contract Warranty **PAID**

Customer Alma 30-30 Northern Blvd. Long Island City		Phone	Manager			
City		Address	Supervision			
Control Equipment		NS 77701	Requirements	Other Services		
<input type="checkbox"/> ABS <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNES COLEMAN <input type="checkbox"/> HEAT-TRAK		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFA <input type="checkbox"/> MODAN CONTROLS <input type="checkbox"/> SISI <input type="checkbox"/> TELECO SYSTEMS	<input type="checkbox"/> ELECTRIC & MECHANICAL <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC-Software <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> ACCESS-CONTROL <input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> SOLAR <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
Job Documentation Required				Supervision	Model & Serial Number	
<input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES						
Instructions:						

ACTION REPORT

www.1000toys.com

Service

卷之三

- ① check That Hallway unit not working.
- ② electric problem. troubleshooting all units.
- ③ Reset Alarm and Test unit working cooling heating not problem.
- ④ cleaning strainers.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUESTED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

LABOR BILLING INFORMATION

Order No.	Customer	Order Date	Order Total	Delivery Date	Comments	Entered	Entered By
122	Anton S	2/20	5.00		7		

THE BIRDS

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DATE 09.23 CUSTOMER SIGNATURE

340

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CHINESE LITERATURE

WINTER 2000/2001

1990-1991



WHITESTONE
MD-14

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-889-5965 • Fax: 347-235-4741

2324

7 03 22

2439

Date: 02.07.22

Contract Warranty P & L

ACTION REPORT

Ceruise.

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- ① not working. tracer not working.
check problem flow from have leak
- ② Fixing leak clean remove service valve and
install new check any leak no more
- ③ Test until working no problem
- ④ Fixing drain pumps 2 stop not working
- ⑤ remove some big cleaning test working
no problem and fixing the drain line.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
1			Service valve 3/8 copper pipe.
1			

LABOR BILLING INFORMATION

THE BIRDS OF

DATE 02-02 CUSTOMER
SIGNATURE

DATE

1000

Print Mirror

REFERENCES

OFFICE USE ONLY
PRACTICE NUMBER

Yellow: Office Copy

INTERSTATE

2452



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-969-5965 • Fax: 347-235-4741

01 02. 20

Contract □ Warranty □

ACTION REPORT

check walking box.

- ① check walk in box frozen Sodas fine
- ② Replaced Thermostat and check Pressure no
- ③ Set up Thermostat Test unit working not yet
- ④ check low Refrigerator check install back door and Test unit working not problem

PT COMPLETE CL UPDATE DRAWINGS Q UPDATE FILES Q FOLLOW UP REQUIRED P PENDING APPROVAL

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

LABOR BILLING INFORMATION

00-25	Antonio G.	3-15	5 cm	2	2	2
-------	------------	------	------	---	---	---

THE BOSTONIAN

note 2-22

**CUSTOMER
SATISFACTION**

Preston

Antonio G.

卷之三

中華書局影印

DEFECTIVE ONLY
WADSWORTH

 WHITESTONE ALARMS 145-44 15th Drive Whitestone, NY 11357 Tel: 718-699-6965 • Fax: 347-235-4741		Date: 01-05-22 <input type="checkbox"/> Contract <input type="checkbox"/> Warranty <input type="checkbox"/> P & L									
Service Requested 3840 87th Ave Long Island City		ADDRESS: 3840 87th Ave Long Island City ZIP CODE: 11103 PHONE NUMBER: 718-268-1234 REQUESTED BY: (Signature)									
CONTROL EQUIPMENT <input type="checkbox"/> DOOR <input type="checkbox"/> POWER/ACQUISITION <input type="checkbox"/> ALARM <input type="checkbox"/> BURGLAR <input type="checkbox"/> HEAT/FIRE ADDITIONAL EQUIPMENT <input type="checkbox"/> DOOR <input type="checkbox"/> POWER/ACQUISITION <input type="checkbox"/> ALARM <input type="checkbox"/> BURGLAR <input type="checkbox"/> HEAT/FIRE <input type="checkbox"/> DOOR <input type="checkbox"/> POWER/ACQUISITION <input type="checkbox"/> ALARM <input type="checkbox"/> BURGLAR <input type="checkbox"/> HEAT/FIRE		EQUIPMENT <input type="checkbox"/> HOME/PERSONAL JOHNSON LANDIS & STERLING REED/CHAMBERS REED <input type="checkbox"/> TELETRAC SYSTEM		SECURITY SYSTEM <input type="checkbox"/> CURT & ANDERSON ELECTRONIC SOFTWARE PROGRAMATIC PROGRAMMABLE LOGIC CONTROL		SECURITY SYSTEM <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM FIRE SYSTEM		MAINTENANCE AGREEMENT <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 24 MONTHS <input type="checkbox"/> OTHER G G G		OTHER <input type="checkbox"/> COMPUTER <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> TRANSMISSION EQUIPMENT	
						TELEPHONE: ()					

ACTION REPORT

check that not working

- ① check Air handle not working
- ② Problem Electric check each wire f same grounding
- ③ check Thermostat Reset Transformer power
- ④ That unit is working f

COMPLETE CLIP DATE DRAWINGS UPDATE FILES FOLLOW UP REQUESTED PENDING

PARTS BILLING INFORMATION

□ CONTINUATION ON ADDITIONAL SHEET

LABOR BILLING INFORMATION

THE CLOTHESLINE

~~10000~~

DATE 6/10

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100

THE BIRDS OF

~~1100-06~~

THE BIRDS OF

ANSWER TO THE QUESTION

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• 100 •



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

COMPANY	Burburger	PHONE	MANAGER
ADDRESS	33-21 31st Avenue	BUILDING	SUPER/CONTACT
CITY	Astoria	REQUESTED BY	
CONTROL EQUIPMENT	HONEYWELL JOHNSON LAVIN & STAUFF NEVAR CONTROLS SEIRE TELETRON SYSTEMS	SECURITY/FIRE TOUR & ALARM ELECTRO-ELECTRONIC PC SOFTWARE PNEUMATIC PROGRAMMABLE LOGIC CONTROL	MECHANICAL EQUIPMENT AIR CONDITIONERS COOLING HEATING REFRIGERATION
JOB DOCUMENTATION REQUIRED		SYSTEM PHONE	OTHER SERVICES CALIBRATION COMMISSIONING INSPECTION TRAINING VALIDATION
JOB NUMBER: 103-17706			

ACTION REPORT

CONDITIONS FOUND

check walk in not working

SERVICES PERFORMED

- ① check walk in box Freeon evaporator coils.
- ② clean/recheck unit. This unit have leak.
- ③ low pressure control not working. Selenoid not working.
- ④ Thermostatic Service valve leak need replaced.
- ⑤ all this parts mentioned was replaced.
- ⑥ charge Freeon Test unit is working not problem.

RECOMMENDATION

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
1		240 A19ABA-40	Thermostat
		010-1402	Low Pressure Control Service valve
1		310000	Solenoid with body
		K32-18	Service valve.

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REST HOURS	O/H HOURS	TRAVEL HRS	EXPLNE	PARK	TRAILER
12-13	Antonio G.	8:00	7:15		2				

SIGNATURE

Print Name

BILLED TO JOB NUMBER

DATE 12-13

CUSTOMER
SIGNATURE

Print Name Rosa Xelhua

DATE

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INVOICE NUMBER

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2336

12-10-21

149-44 15th Drive
Whitestone

2244

2245



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6865 • Fax: 347-235-4741

Date 12-07-21

Contract Warranty P & L

Harc Burger 535 Lexington Pl New York		PHONE	ADDRESS
		NY 10012	REMARKS
GENERAL EQUIPMENT	HAZARDOUS	DESCRIPTION	GENERAL EQUIPMENT
<input type="checkbox"/> FURNITURE	<input type="checkbox"/> COMPUTER	<input type="checkbox"/> ACCESS CONTROL	<input type="checkbox"/> AIR CONDITIONER
<input type="checkbox"/> AUTOMOTIVE	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> SECURITY SYSTEM	<input type="checkbox"/> AIRLINE
<input type="checkbox"/> AIR CONDITIONERS	<input type="checkbox"/> PLASTICS	<input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> ELEVATOR
<input type="checkbox"/> INDUSTRIAL EQUIPMENT	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> PROGRAMMING	<input type="checkbox"/> PUMP
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> PROGRAMMING	<input type="checkbox"/> LOGIC CONTROL	<input type="checkbox"/> REFRIGERATION
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> REFRIGERATION		<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> RETAIL	<input type="checkbox"/> REFRIGERATION		<input type="checkbox"/> CERTIFICATION
<input type="checkbox"/> DRUGSTORE	<input type="checkbox"/> REFRIGERATION		<input type="checkbox"/> TRAINING
<input type="checkbox"/> PETROLEUM	<input type="checkbox"/> REFRIGERATION		<input type="checkbox"/> VALIDATION
<input type="checkbox"/> PETROLEUM	<input type="checkbox"/> REFRIGERATION		

ACTION REPORT

Customer Found
Service walk in box freezer ice make
low Refrigerator

Service performed
① get Service walk in Box check Pressure
washing evaporator use chemical check Box Walk
in box is working good Check Freezer is working
with problem check Two four Defergerator
cleaning and washing condenser is working with
problem cleaning ice make chas is working
washing 2 condenser basement check condensation
water pump is working but need Fixing drain line
Service Two Refrigerator get Service
You need Fixing water condensation line
and Service 3 units more.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	EMPLOYEE	START TIME	END TIME	REG.HOURS	OT.HOURS	TRAVEL.HRS	EXPIRED	TYPE	CODE
12-07	Antonio C	12:30	5:00						

SIGNATURE

J. J. J.

DATE 12-07

CUSTOMER
SIGNATURE

J. J. J.

DATE

Print Name

Antonio C

Print Name

Dan Peterson

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INVOICE NUMBER

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BILLED TO JOB NUMBER

2299



142-44 15th Drive
Whitestone NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 11/17/21

Contract Warranty P&L

Regeneron Pharmacy 177 Saw Mill river rd. Tarrytown		PHONE 845-226-5	NAME SUPER/CONTACT	
CONTROL EQUIPMENT	MANUFACTURER	REQUESTED BY NJ 10591	SECURITY	MECHANICAL EQUIPMENT
<input type="checkbox"/> ASCO <input type="checkbox"/> AMERICAN AUTOMATICS <input type="checkbox"/> ANDOVER <input type="checkbox"/> BANISTERIUS FRIED <input type="checkbox"/> HEAT TRAP	<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFA <input type="checkbox"/> MOHAN CONTROLS <input type="checkbox"/> NIBCO <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL <input type="checkbox"/> TELECOM SYSTEMS	<input type="checkbox"/> TOWER & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> HC SOFTWARE <input type="checkbox"/> PHARMACIA <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
ON DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES <input type="checkbox"/> FEES		SYSTEM PHONE	MODEL & SERIAL NUMBER	
INSTRUCTIONS				

ACTION REPORT

CONDITIONS FOUND	PMS Building #6 PMS Building #3.	
SERVICES PERFORMED	① Freezer Farm # 32.390 PMS- 80 less #44.306 ② Freezer Farm # 32.390 PMS-80 less #44.307 ③ Cold Room #62-181 PMS less # 29110 ④ check Gasket is ok Lights ok Circuits # 2 u ok Amp Pressure ⑤ Circuits # 1 Low Freqn. - Charge f icon. ⑥ Two Circuits is now working.	
RECOMMENDATIONS		

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	REFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

STATION	ACTUAL	NETRATE	DISCOUNT	AMOUNT	DISCOUNT	AMOUNT	DISCOUNT
11/17 Even	11:00	750					
11/18 Antonio	11:00	750					

DATE 11-17

CUSTOMER
SIGNATURE

DATE 11/17/21

Print Name

CASH USE ONLY
INVOICE NUMBER

Print Name

WHITESTONE


149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 11-18-21

Contract Warranty P&L

Regeneron Pharmacy 777 Saw Mill River rd. Tarrytown		PHONE	NAME
		BUILDING	SUPERVISOR
		STATE	REQUESTED BY
CONTROL EQUIPMENT <input type="checkbox"/> ABCZ <input type="checkbox"/> AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARRINGTON <input type="checkbox"/> HEAT-SIWER		<input type="checkbox"/> ADAMEVILLE <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STALFA <input type="checkbox"/> NOVAR CONTROLS <input type="checkbox"/> SISER <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL
JOE DOCUMENTATION REQUESTED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		SYSTEM PHONE	MODEL & SERIAL NUMBER
INSTRUCTIONS			

ACTION REPORT

COLLECTIONS Young

Building # 3 PMS Building #765 southwest.
Building #6 PMS cold room.

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- ① Freezer Farm # 32.340 PMS - 80 Less # 33.062.
- ② Freezer Farm # 32.390 PMS - 80 Less # 69.378
- ③ Remove condenser fan unit ID# 41-128 install new motor. Fan Tres unit working.
- ④ Cold Room # 61.182 PMS Gaskets is ok.
- ⑤ need change Socket light and bulb.
- ⑥ Circuito #59 Pressu is ok Amp ok water temperature ok
- ⑦ Circuito #61 not working properly need to change Compressor
- ⑧ PART NO 88900901 Model No HWH010X6C Series # T09C16064
You need change Compressor That noise is steam not working properly

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

ITEM	MFG.	PART NUMBER	DESCRIPTION

CONTINUED ON ADDITION PAGES

LABOR BILLING INFORMATION

NAME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
Elvira	10:00	7:00						1
Antonio G.	10:00	7:00						1

11/18/81 CUSTOMER SIGNATURE

Gutenberg

Boris Sketloff

Dear Webster



2285

Date 10.18.21

Contract Warranty P&L

CUSTOMER 30 Trumbull 30-30 Northern Blvd Long Island City		FROM:	TO:
		OUTING	ARRIVAL
		STATE ZIP CODE NY 11101	REQUESTED BY:
CONTROL EQUIPMENT <input type="checkbox"/> ABB <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDERSON <input type="checkbox"/> BARD/DOOLMAN <input type="checkbox"/> BEAT-TEK DRAWING DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FEES <input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LARSON & STANFORD <input type="checkbox"/> HOME CONTROLS <input type="checkbox"/> BEMI <input type="checkbox"/> TELETRIC SYSTEMS	<input type="checkbox"/> TURB & MACHINERY <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PROGRAMMATIC LOGIC CONTROL SECURITY EQUIPMENT <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> ZONE SYSTEM
			MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> COOLER <input type="checkbox"/> CYLINDER <input type="checkbox"/> FAN OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
		SYSTEM PHONE:	MOBILE & EMAIL NUMBER:

ACTION REPORT

CONDITIONS FOUND

Service small units

SERVICES PERFORMED

- ① check small unit change filters and belts
- ② 4 units done small and 1 big unit 37 floor
- ③ check 4 floor not heating to cool check VAV
- ④ check not water heating check boiler
- ⑤ Service boiler cleaning flame sensor and ignition
- ⑥ check IC is working good set point Thermostats
- ⑦ check cleaning strainers

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION:

QTY:	MFG:	PART NUMBER:	DESCRIPTION:						

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	EMPLOYEE	START TIME	END TIME	REG HOURS	OVERTIME	TRAVEL TIME	EXCHARGE	SALES	ROLLING DT
10.3	Antonio G	8:15	4:45						

SIGNATURE: Jeffrey DATE 10.13 CUSTOMER SIGNATURE: _____
 Print Name: Antonio G Print Name: _____ DATE: _____

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BILLED TO JOB NUMBER: _____ WORK OFFICE COPY VENEX JOB FILE COPY

WHITESTONE

149-44 15th Drive
Whitestone, NY 11357

Tel: 718-869-6965 • Fax: 347-235-4741

Date: 07-27-21

Contract Warranty P&L

CUSTOMER Name: Maria Park		PHONE Address: 30-34 33rd Street City: Astoria	STREET NY 11102	MANAGER: SUPER/CONTACT			
ADDRESS CONTROL EQUIPMENT: ABC AMERICAN AUTOMATIX ANCOVER BARKER COLEMAN HEAT-FRESH		HONEYWELL JOHNSON LAUREN & STAFIA NOVAK CONTROLS SEIKO TELETRON SYSTEMS	TOUR & ANDERSON ELECTRO-ELECTRONIC PC SOFTWARE PNEUMATIC PROGRAMMABLE LOGIC CONTROL	SECURITY/FIRE ACCESS CONTROL SECURITY SYSTEM FIRE SYSTEM	MECHANICAL EQUIPMENT AIR CONDITIONERS BOILER CHILLER PUMP	OTHER SERVICES CALIBRATION CONSULTATION INSPECTION TRAINING VALIDATION	
JOE DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES				SYSTEM PHONE	MODEL & SERIAL NUMBER		
RESTRICTIONS							

ACTION REPORT

CONDITIONS FOUND

Get Service that unit not cooling.

SERVICES PERFORMED

- ① Living room have leak that unit have been fixing that leak.
- ② cleaning system and change frcon same manufacturer 2.902.
- ③ unit is cooling not problem.

If still you have problem you need to change line set

 COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
			<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	BEGIN TIME	END TIME	REGULAR HOURS	OT HOURS	TRAVEL TIME	EXTRAS	W/H	DISCOUNT
07-27	Antonio G-	9:00	9:45						

SIGNATURE

J. J. Antonio G-

DATE 07-27

CUSTOMER
SIGNATURE*Maria Park*

DATE 1/2

Print Name

Antonio G-

Print Name

BILLED TO JOB NUMBER

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INVOICE NUMBER:



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 07.19.21

Contract Warranty P & L

CUSTOMER NAME ADDRESS CITY		PHONE	MANAGER SUPER/CONTACT			
<i>The Larnings 31-57-31st Street Astoria</i>		<i>1317706</i>				
CONTROL EQUIPMENT <input type="checkbox"/> ABIG <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARDSECOL SYSTEMS <input type="checkbox"/> HEAT-TIMER 208 DOCUMENTATION FOR INSPECTED <input type="checkbox"/> GRAMMICK <input type="checkbox"/> FILES PROTECTIONS:		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> LANDIS & STAEFA <input type="checkbox"/> KONICA CONTROLS <input type="checkbox"/> RIBBLE <input type="checkbox"/> TELETHOL SYSTEMS	<input type="checkbox"/> CURTIS ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLS	REQUESTED BY: SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/> SECURITY SYSTEM	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILERS <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
			SYSTEM PHONE	MOBILE SIGNAL RECEIVER		

ACTION REPORT

CONDITIONS FOUND

Get Service

CONDITIONS PERFORMED

- ① cleaning pump and filters change each unit
- ② dirty test unit is working 5 units done
- ③ cleaning 7 units were working pump and change filters each Thermostat Test unit is working no problem
- ④ need to do Service 9 Rooms Infant B and Pre School 1R The rest is done

RECOMMENDATIONS

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	O/T HOURS	TRAVEL HRS	EXPENSES	PARK	TRAILER
07/19	Antonio G.	8:00	9:15			2			
07/20	Antonio G.	8:00	1:30			2			

SIGNATURE *[Signature]*

DATE 07.20 CUSTOMER
SIGNATURE *[Signature]*

DATE 7/20

Print Name *[Signature]*

Print Name *[Signature]*

Print Name *[Signature]*

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1973

Date: 05.28.21

Contract Warranty P & L

CUSTOMER Bobby Home		PHONE	MANAGER		
ADDRESS 93 deerhurst road.		BUILDING	SUPER/CONTACT		
CITY Scarsdale		STN. ZIP CODE 10510 10583	REQUESTED BY		
CONTROL EQUIPMENT: <input type="checkbox"/> AEGI <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BURGERSOLEMAN <input type="checkbox"/> HEAT-TRON		HONEYWELL JOHNSON LAIRD & STAPLE NOVAR CONTROLS BEEBE TELETRON SYSTEMS	SECURITY/FIRE <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		SYSTEM PHONE		MODEL & SERIAL NUMBER	
INSTRUCTIONS					

ACTION REPORT

CONDITIONS FOUND

Service.

SERVICES PERFORMED

- ① check 5 units
- ② washing w/ chemical
- ③ Test and check icon 4 units good
- ④ Liguinal fixing
- ⑤ Test unit working no'l problem
- ⑥ change from 5 lbs

RECOMMENDATIONS

 COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

CITY:	MPG:	PART NUMBER:	DESCRIPTION:						

□ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	OVERTIME	TRAVEL TIME	EXPENSES	PARK	TOTAL (E-N)
05/28	Anthony G.	2:45	6:10			2			

SIGNATURE  DATE 05/28 CUSTOMER SIGNATURE  DATE

Print Name Anthony G. Print Name Tose Ramirez

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INVOICE NUMBER:

BILLED TO JOB NUMBER:

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1961



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Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 04.22.21

Contract Warranty P & L

CUSTOMER CFM Management 58-47 Francis Lewis Blvd Fresh Meadows		PHONE	MANAGER
ADDRESS CITY		BUILDING	SUPERVISOR/CONTACT
STATE NY ZIP CODE 11364		REQUESTED BY:	
CONTROL EQUIPMENT: <input type="checkbox"/> ASCH <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT-TIMER		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STALEA <input type="checkbox"/> NUVAR CONTROLS <input type="checkbox"/> SMC <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> TOWER & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONICS <input type="checkbox"/> PG-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL
JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEMS <input type="checkbox"/> FIRE SYSTEM	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PLANT
INSTRUCTIONS		SYSTEM PHONE	MODEL & SERIAL NUMBER

ACTION REPORT

CONDITIONS FOUND

Full Service 3 Roof top units.

SERVICES PERFORMED

- ① Service 3 Roof top unit York cleaning Evaporator and Condenser Coils Use chemical change filters change Belts grease bearing check The units and Cooling test ok.
- ② Two units is working not problem heating
- ③ one unit need to replaced inducer motor fan Ignition Flame Sensor
- ④ check the Exos fan need to replaced

RECOMMENDATIONS

You need Same parts one unit not heating.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	O/HOURS	TRAVEL HRS	EXPENSES	PARK	TOLLS/FEES
04/22	Antonio G	8:00	5:30			2			

SIGNATURE

Print Name

CUSTOMER
SIGNATURE

DATE 04/21

DATE

Print Name

OFFICE USE ONLY
INVOICE NUMBER:

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-5965 • Fax: 347-235-4741

1915

Date: 03. 24. 21

Contract Warranty P & L

CUSTOMER Advanced Medical		PHONE	MANAGER			
ADDRESS 101-24 Queens Blvd Forest Hills		BUILDING	SUPER / CONTACT			
CITY STATE ZIP CODE 104-71-375		REQUESTED BY				
CONTROL EQUIPMENT <input type="checkbox"/> ABC2 <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBEROLEMAN <input type="checkbox"/> HEAT-TIMER		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFA <input type="checkbox"/> MONAR CONTROLS <input type="checkbox"/> SIECO <input type="checkbox"/> TELETRIC SYSTEMS	<input type="checkbox"/> THOR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> FONCORTONE <input type="checkbox"/> FREQUENTIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> FIRE SYSTEM	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		SYSTEM PHONE		MODEL & SERIAL NUMBER		
INSTRUCTIONS						

ACTION REPORT

CONDITIONS FOUND
check Multi zone units.

SERVICES PERFORMED

- ① check and get Service Fujitsu units.
- ② cleaning washing filters each unit total 4 units and condenser use chemical was dirty condenser and evaporator it self unit is working good problem High Pressure
- ③ Remove flow valve and install new cooling tower.

RECOMMENDATIONS
You need install 1 Door Access door 16x16 for Service and get Service frequently

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
			Flow Valve.

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REGULARS	OVERTIME	TRAVEL HRS	EXPENSES	PARK	TOTAL DUE
03/24	Antonio G.	11:30	5:00			2.			

SIGNATURE

Print Name

DATE 03.24
CUSTOMER
SIGNATURE

Print Name

OFFICE USE ONLY
INVOICE NUMBER:

BILLED TO JOB NUMBER:

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Print Name

Print Name

OFFICE USE ONLY
INVOICE NUMBER:

BILLED TO JOB NUMBER:

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149-44 18th Drive
Whitestone, NY 11357
Tel: 718-269-5965 • Fax: 347-205-4741

Date: 03-01-26

Contract Warranty P & L

ADDRESS	33-10 Queens Blvd. Long Island City	TYPE	RESIDENTIAL	CONTACT
CONTROL EQUIPMENT	JOHNSON UNIVERSAL STAFFA HOVAN CONTROLS SEBES TRUVAL SYSTEMS	DATE	03/01/01	PHONE
COMPUTER EQUIPMENT	<input type="checkbox"/> HOMEPC <input type="checkbox"/> JOHNSON <input type="checkbox"/> UNIVERSAL STAFFA <input type="checkbox"/> HOVAN CONTROLS <input type="checkbox"/> SEBES <input type="checkbox"/> TRUVAL SYSTEMS	DESCRIPTION	ACCESS CONTROL SECURITY SYSTEM FIRE SYSTEM	MECHANICAL EQUIPMENT
OTHER EQUIPMENT	<input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER		<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES
DIMENSIONS		SYSTEM PHONE		<input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
TIME				
NOTES				

ACTION REPORT

DESCRIPTION	check RTU 3 floor west
SERVICES PERFORMED	<p>① check Roof top unit not heating This unit need to replace burner and cover</p> <p>② Injition Injition Board This unit not working need This parts</p>
RECOMMENDATIONS	You need to replace parts

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:	CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	ENTER TIME	END TIME	REG HOURS	Overtime	TRAVEL TIME	TRAVEL EXPENSES	MEAL EXPENSES	OTHER EXPENSES
03-01	Antonio G.	10:45	5:15						

SIGNATURE

DATE 03-01

CUSTOMER
SIGNATURE

DATE

Print Name

Antonio G.

Print Name

BILLED TO JOB NUMBER

OFFICE USE ONLY

INVOICE NUMBER



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1913

Date: 02.22.21

Contract Warranty P&L

CUSTOMER		PHONE	858-380-8509	MANAGER
ADDRESS		BUILDING		SUPER/CONTACT
CITY		STATE	ZIP CODE	REQUESTED BY
Aspira		NY	11102	
CONTROL EQUIPMENT		<input type="checkbox"/> BOUR & ANDERSON <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LINCOLN & STAFF <input type="checkbox"/> MOHAWK CONTROLS <input type="checkbox"/> BEEBE <input type="checkbox"/> TELETRON SYSTEMS		
JOB DOCUMENTATION REQUIRED:		<input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		
INSTRUCTIONS				

ACTION REPORT

CONDITIONS FOUND

change water pump

SERVICES PERFORMED

- ① Bed room condensation pump remove
- ② install new pump check unit is working not problem.
- ③ Livin room need to replaced pump make noise.

RECOMMENDATIONS

You need to change Livin room pump make noise

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
1		83939	Pump Condensation
			<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	OT HOURS	TRAVEL HRS	EXPENSES	PAGE	TELLS 18-21
02.21	Antonio G.	2:00	5:30						

SIGNATURE

Print Name

Antonio G.

DATE 02.21

CUSTOMER
SIGNATURE

Print Name

Sebastian El Ghaili, Becky
DATE 2/21/21

BILLED TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER

White Office Copy Yellow Job File Copy

FUJITSU

2063

Date 01.27.21

Contract □ Warranty □ Part □

whiteStone Plaza 30-50 whitestone Expy Flushing		PHONE FAX	MAILING ADDRESS	EMERGENCY		
				EMERGENCY CONTACT		
		NY 11354	REQUESTED BY			
<input type="checkbox"/> CONTROL SYSTEMS <input type="checkbox"/> PLCs <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> MODBUS <input type="checkbox"/> SIMATIC S7 <input type="checkbox"/> INTEGRITY		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> ASHRAE <input type="checkbox"/> LAMPS & STAMPS <input type="checkbox"/> ROBART CONTROLS <input type="checkbox"/> RISE <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> YORK & AMERON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> FREQUAM <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> COMMISSIONING <input type="checkbox"/> INSPECTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> VALIDATION
<input type="checkbox"/> ADDITIONAL INFORMATION REQUESTED <input type="checkbox"/> DRIVERS <input type="checkbox"/> FILES <input type="checkbox"/> OTHER			SYSTEM PHONE	MODEL & SERIAL NUMBER		

ACTION REPORT

Editorial Team

254 Scrutce

卷之三

- ① Service all roof top unit check filters
- ② change filters and belts test is working not problem.

— 10 —

1. UPDATE DRAWINGS

IMMEDIATE FILES FOLLOWUP REQUIRED

□ CONCLUSION

PARTS BILLING INFORMATION

DESCRIPTION:

13 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

0177 Antonio G

10:30 5:00

THE BOSTONIAN

卷之三

01-21

**CUSTOMER
SIGNATURE**

DATE

REPLIED TO JOB NUMBER

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INVOICE NUMBER

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**\$49-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741**

Date: 12/09/20

Contract ☐ Warranty ☐

Dianaom Property 244 Saw Miller River Elmsford		PHONE	MANAGER
		BUILDING	SUPERVISOR
		NY 10528	REQUESTED BY
CONTROL EQUIPMENT 11: ADAM 12: AMERICAN AUTOMATION 13: ANDOVER 14: BANFIELD SYSTEM 15: HEAT FASER		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LARSON & STERLING <input type="checkbox"/> PIONEER CONTROLS <input type="checkbox"/> SENS <input type="checkbox"/> TELEFIRE SYSTEM	SECURITY/IRE <input type="checkbox"/> ACCESS & CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM
JOB DOCUMENTATION REQUIRED 12: ORGANIC 13: FREE		SYSTEM PHONE	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
SERIAL NUMBER		JOB NUMBER	

ACTION REPORT

卷之三

Install Economizer

- ① install Two Economizer new carrier unit and two Thermostat and rem. Thermostatic MTS
- ② test unit is working not problem

PART-TIME INFORMATION

PART NUMBER	DESCRIPTION

Digitized by srujanika@gmail.com

LABOR BILLING INFORMATION

卷之三

John G.

DATE 12-09

CUSTOMER FEATURE

110

卷之三

Antonio G

卷之三

110

1996-1997

OFFICE USE ONLY

INVOICE NUMBER:

WHITE STONE

140-44 16th Drive
Long Island City, NY 11357
Tel: 718-898-3965 • Fax: 347-235-4741

Date: 12-07-20

Contract Warranty P&I

Address: Medical 101-24 Queens Blvd Forest Hills		NY 11357	PHONE NUMBER 1-800-441-3455																																														
<input type="checkbox"/> AUTOMATION <input type="checkbox"/> COMPUTERS <input type="checkbox"/> COMM. & NETWORK <input type="checkbox"/> COMPUTER CONTROLS <input type="checkbox"/> DRIVERS <input type="checkbox"/> ELECTRICAL SYSTEMS		<input type="checkbox"/> SECURITY & MONITORING <input type="checkbox"/> FIRE & SECURITY ALARMS <input type="checkbox"/> INTEGRATION <input type="checkbox"/> PROGRAMMING & LOGIC CONTROL		<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONERS <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP																																													
				<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> MAINTENANCE																																													
				MODEL & SERIAL NUMBER																																													
ACTION REPORT Close Grills.																																																	
1. Install covers Two grills and draining tower water - the Systems. Turn OFF cooling switch.																																																	
2. <input type="checkbox"/> COMPLETE <input type="checkbox"/> UPDATE DRAWINGS <input type="checkbox"/> UPDATE FILES <input type="checkbox"/> FOLLOW-UP REQUIRED <input type="checkbox"/> CONTINUATION																																																	
PARTS BILLING INFORMATION <table border="1"> <tr> <th>QTY:</th> <th>MPN:</th> <th>PART NUMBER:</th> <th>DESCRIPTION:</th> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES</td></tr> </table>					QTY:	MPN:	PART NUMBER:	DESCRIPTION:																<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES																									
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LABOR BILLING INFORMATION <table border="1"> <tr> <th>DATE</th> <th>START TIME</th> <th>END TIME</th> <th>ACT.HOURS</th> <th>O/HOURS</th> <th>TRAVEL RATE</th> <th>EXPENSES</th> <th>PARK</th> <th>TOTAL BILLED</th> </tr> <tr> <td>12-7-2020</td> <td>1:30</td> <td>5:00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>					DATE	START TIME	END TIME	ACT.HOURS	O/HOURS	TRAVEL RATE	EXPENSES	PARK	TOTAL BILLED	12-7-2020	1:30	5:00																																	
DATE	START TIME	END TIME	ACT.HOURS	O/HOURS	TRAVEL RATE	EXPENSES	PARK	TOTAL BILLED																																									
12-7-2020	1:30	5:00																																															
SIGNATURE		DATE	CUSTOMER SIGNATURE			DATE																																											
Print Name																																																	
BILLED TO JOB NUMBER		OFFICE USE ONLY INVOICE NUMBER: _____																																															
White: Office Copy Yellow: Job File Copy																																																	



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1617

Date: 11-24-20

Contract Warranty P & L

Customer		Project		Address	
TINA SEMEL					
1390 Old Northern Blvd.					
Forest		NY 11376		Upper Contact	
CONTROL EQUIPMENT		REQUESTED BY			
<input type="checkbox"/> AEG	<input type="checkbox"/> HONEYWELL	<input type="checkbox"/> TOUR & ANDERSON	<input type="checkbox"/> SECURITY SYSTEM	<input type="checkbox"/> MECHANICAL EQUIPMENT	<input type="checkbox"/> OTHER SERVICES
<input type="checkbox"/> AMERICAN AUTOMATION	<input type="checkbox"/> JOHNSON	<input type="checkbox"/> ELECTRIC-ELECTRONIC	<input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> AIR CONDITIONER	<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> ANDOVER	<input type="checkbox"/> LANDIS & STAEBA	<input type="checkbox"/> PC SOFTWARE	<input type="checkbox"/> PROGRAMMABLE	<input type="checkbox"/> BOILER	<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> BARKERCOLEMAN	<input type="checkbox"/> INVAR CONTROLS	<input type="checkbox"/> PRESSURE	<input type="checkbox"/> LOGIC CONTROLS	<input type="checkbox"/> CHILLER	<input type="checkbox"/> INSPECTION
<input type="checkbox"/> HEAT-TIMER	<input type="checkbox"/> SHEP	<input type="checkbox"/> TELETRON SYSTEMS		<input type="checkbox"/> PUMP	<input type="checkbox"/> TIMING
JOB DOCUMENTATION RECEIVED:		SYSTEM PHONE		MODEL & SERIAL NUMBER	
<input type="checkbox"/> DRAWINGS					
<input type="checkbox"/> FILES					
INSTRUCTIONS					

ACTION REPORT

CONDITIONS FOUND

Remove induction motor

SERVICES PERFORMED

- ① Remove induction motor fans and Replace new install new Filters.
- ② Test unit is working no't problem.

RECOMMENDATIONS

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:	<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	O/T HOURS	TRAVEL HRS	EXPENSES	PAUX	TOLLS (E&I)
11-24	Antonio G.	9:00	5:15		8	2			

SIGNATURE

Print Name

DATE 11-24

CUSTOMER
SIGNATURE

Print Name

DATE 11-24-20

BILLED TO JOB NUMBER

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INVOICE NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-8965 • Fax: 347-235-4741

Contract Warranty P & L

CUSTOMER VIC Kessler Signs 1002 162nd Street Flushing		PHONE 212 77358	REQUESTED BY TOUR & ANDERSON ELECTRIC-ELECTRONIC PC SOFTWARE PNEUMATIC PROGRAMMABLE LOGIC CONTROL	MANAGER SUPER/CONTACT SECURITY/FIRE ACCESS CONTROL SECURITY SYSTEM FIRE SYSTEM	MECHANICAL EQUIPMENT AIR CONDITIONER BOILER CHILLER PUMP	OTHER SERVICES CALIBRATION CONSULTATION INSPECTION TRAINING VALIDATION
CONTROL EQUIPMENT <input type="checkbox"/> ASCH <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BEMERICK/SHAW <input type="checkbox"/> HEAT-TIMER 200 DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		HONEYWELL JOHNSON LANDIS & STAEPA NOHAR CONTROLS SERIE TELETRONIC SYSTEMS		SYSTEM PHONE		MODEL & SERIAL NUMBER
INSTRUCTIONS						

ACTION REPORT

CONDITIONS FOUND

Two Trans unit check

WORKS PERFORMED

- ① one Trans unit not heating check The problem was contactor and limit switch
- ② was replaced new contactor limit switch cleaning Initiation and Flame Sensor
- ③ other unit change filters & working
- ④ Test unit is working not problem

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION

CITY:	INFO:	PART NUMBER:	DESCRIPTION
			contactor
			limit switch

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

EMPLOYEE	END TIME	ESTIMATE	ACTUAL	DISCREPANCY	ADDITIONAL	TIME	DESCRIPTION
Antonio G.	3:15	5.00					

DATE 11-20

CUSTOMER
SIGNATURE

DATE

Print Name

VIC KESSLER

CLIENT USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

PRINT COPY Yellow Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1629

Date: 10.30.20

Contract Warranty P & L

ADDRESS	NAME	PHONE	EMAIL		
20-55 49th Street Astoria					
CONTROL EQUIPMENT		REQUESTED BY			
<input type="checkbox"/> ALARM <input type="checkbox"/> AUTOMATION AUTOMATICS <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARDENHOLZMAIER <input type="checkbox"/> HEAT-TRACER	<input type="checkbox"/> HONEYWELL <input type="checkbox"/> ADAMSON <input type="checkbox"/> LARSEN & STAFDA <input type="checkbox"/> HONEY CONTROLS <input type="checkbox"/> SIEMENS <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> TOWER & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
DRY DOCUMENTATION REQUIRED		SYSTEM PHONE	MODEL & SERIAL NUMBER		
DRAWINGS PLANS					
INSTRUCTIONS					

ACTION REPORT

Get Service Boiler and A/C

① get Service Two Boiler cleaning and cleaning
sensor and test the boiler

② check zone valve The Second Floor You
need to replace the zone valve is close not
open. not closet and check Thermostat.

You need to replace this parts

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	EMPLOYEE	START TIME	END TIME	MINUTES	CO HOURS	TRAVEL TIME	LEAVES	WORKS	INVOICED
10.30	Antonio G.	12:45	5:15						

SIGNATURE Antonio G. DATE 10.30.20 CUSTOMER SIGNATURE D. M. DATE

Print Name Antonio G. Print Name D. M.

FILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-889-5965 • Fax: 347-235-4741

2023

Date 10.26.20

Contract Warranty P & L 20
10

Alma's office 31-10 37th Ave Long Island City		PHONE		MANAGER	
		ADDRESS		SUPERVISOR	
		STATE	ZIP CODE	REQUESTED BY	
				SECURITY/PHONE	MECHANICAL EQUIPMENT
				<input type="checkbox"/> TOUR & ADERSON <input type="checkbox"/> ELECTRIC-ELECTRONICS <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
				SYSTEM PHONE	OTHER SERVICES
					<input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> INSPECTION
MODEL & SERIAL NUMBER					

ACTION REPORT

Roof top unit not heating 5F

DEFECTS FOUND

- 1) Check SE unit not heating
- 2) Problem draft induction motor fan
- 3) Ination
- 4) Limit Swicht
- 5) change 2 motor induction fan 2 ination
- 6) 2 limit Swicht all This parts change
- 7) Test unit is working no't problem
- 8) check Filter is ok.

DEFECTS REMOVED

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION:

QTY:	MFG:	PART NUMBER:	DESCRIPTION:						

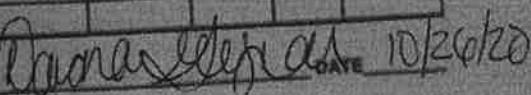
 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	START TIME	END TIME	DESCRIPTION	STAFF HRS	INVOICE HRS	FARE	DISCOUNT
07/26	12:45	4/4/15					

SIGNATURE

DATE 10.26

CUSTOMER
SIGNATURE


DATE

Print Name

Print Name

OFFICE USE ONLY
INVOICE NUMBER:

BILLED TO JOB NUMBER

Yellow: Office Copy Yellow: Job File Copy

140-04 150th Drive
Woodside, NY 11357
Tel: 718-235-5585 • Fax: 347-235-4741

Contract Warranty P&L

City View Plaza 36-36-37 Street Long Island City		Address 36-36-37 Street Long Island City	Phone 516-223-1006	Requested By NAME	Comments None	
TRADES 1. ROOFING 2. PLUMBING 3. ELECTRICAL 4. MECHANICAL 5. COMPUTER 6. AIR CONDITIONING 7. BOILER 8. CHILLED 9. PUMP		TRADES 1. ROOFING 2. PLUMBING 3. ELECTRICAL 4. MECHANICAL 5. COMPUTER 6. AIR CONDITIONING 7. BOILER 8. CHILLED 9. PUMP		SECURITY SYSTEM 1. ACCESS CONTROL 2. SECURITY SYSTEM 3. FIRE SYSTEM	INFORMATION EQUIPMENT 1. AIR CONDITIONING 2. BOILER 3. CHILLED 4. PUMP	OTHER SERVICES 1. COMPUTER 2. GENERATOR 3. INSPECTION 4. MAINTENANCE 5. REPAIR
				System Phone	None	

ACTION REPORT

Remove Pump #2

- ① Remove The pump Install new pump
Boiler #2. Install new Board.
- ② check Boiler #3 not working same Stage
- ③ change the flow switch test unit is working
not problem working at Stage

We need check Boiler #2.

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

CITY:	MFG:	PART NUMBER:	DESCRIPTION:
1			Flow Switch

 CONTINUATION OR ADDITIONAL PAGE

LABOR BILLING INFORMATION

NAME	WORK TIME	WORK TIME	OFFICE	WORK TIME	WORK TIME	WORK TIME
073 Ewen	2:00 5/15					
093 Antonio	2:00 5/15					

DATE 10/23

CUSTOMER
SIGNATURE

DATE

SIGNATURE

Signature: Antonio G

Print Name

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INVOICE NUMBER:

FILED TO JOB NUMBER:

WHT: Office Copy Yellow Job File Copy

2020



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6955 • Fax: 347-235-4741

Contract Warranty P&L

Contract Warranty P.A.

Contract Warranty P.A.

City View Plaza 36-38-33 Street Long Island City		PHONE BUILDING	NAME SUPER CONTACT		
CONTROL EQUIPMENT <input type="checkbox"/> AEGI <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BURGESS COLEMAN <input type="checkbox"/> HEAT-PIPER	HONEYWELL JOHNSON LANDIS & STAEFA MOTOR CONTROLS SERIC TELETRONICS SYSTEMS	NY 11106 <input type="checkbox"/> FOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> FG-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	REQUESTED BY SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALCULATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRADES <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION RECORDS <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES		SYSTEM PHONE		PHONE & SERIAL NUMBER	
PRINTED BY: JOHN J. MCGINNIS DATE: 10/10/2002					

ACTION REPORT

donations FOUND

Service Boiler #L

卷之三

- ① Remove the burners and replaced for new burners and cleaning.
- ② Check leak and fixing the leaking not more test unit is working not problem.
3 Boiler #3 still need to check.
- Boiler #3 need to check

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUE

PARTS BILLING INFORMATION

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

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DATE

**CUSTOMER
SIGNATURE**

DATE

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~~Mr. J. H. G.~~

Piano Masters

OFFICE USE ONLY

INVOICE NUMBER:

解説 ED TOEFL TEST 指導論

2021



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-8965 • Fax: 347-235-4741

Date: 10-16-20

Contract Warranty P & L

Customer	Project	Address	
City View 36-36 23 Street Long Island City	105 11706	Customer Contact	
Control Equipment	Request By	Services	
<input type="checkbox"/> AED <input type="checkbox"/> AMERICAN AUTOMOTIVE <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARKER COLEMAN <input type="checkbox"/> HEAT-TIMER <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES <input type="checkbox"/> REPAIRS	<input type="checkbox"/> YORK & ANDERSON <input type="checkbox"/> HONEYWELL <input type="checkbox"/> LARSON <input type="checkbox"/> LARSEN & STAEFA <input type="checkbox"/> MOTOR CONTROLS <input type="checkbox"/> SHAW <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> SECURITY TYPE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> COMMISSIONING <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
Job Description		System Page	Model & Serial Number

ACTION REPORT

CONDITIONS FOUND

Service Boilers

SERVICES PLANNED

- ① Service Boilers checking and Replace
Boiler #3 change Burners
- ② change ignition and Flame Sensor
- ③ check gas valve gas valve need to change
have leak

You need change to Gas valve

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	EMPLOYEE	DESCRIPTION	STAFF TIME	NONSTAFF TIME	WEEKEND	HOLIDAY	ADDITIONAL	RATES
10/11	Antonio G.		8:00	5:00			2	1

SIGNATURE

DATE 10-16

CUSTOMER
SIGNATURE

DATE

Print Name

Print Name

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WHITESTONE



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 10.15.20

Contract Warranty P & L

CUSTOMER		PHONE	MANAGER		
Whitestone Plaza 20-50 Whitestone Expy Flushing			SUPERVISOR		
ADDRESS		103-77354	REQUESTED BY		
CONTROL EQUIPMENT		<input type="checkbox"/> TOWN & ANDERSON <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LARSEN & STERFA <input type="checkbox"/> NEVAR CONTROLS <input type="checkbox"/> SICK <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> COMMISSIONING <input type="checkbox"/> INSPECTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION REQUESTED					
<input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILTER <input type="checkbox"/> INSPECTION					
		SYSTEM PHONE		MODEL & SERIAL NUMBER	

ACTION REPORT

CONDITIONS FOUND

check RTU 2 Floor.

① check Roof top unit belts adjust change
 ② check unit need to replace fan motor
 ③ remove fan motor and contactor and capacitor
 ④ install new fan motor contactor and capacitor
 Test unit is working no't problem.

Time

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:	CONTINUATION ON ADDITIONAL PAGES	
1		7C1156F	Fan Motor		
		TXM1315 A2	contactor		
1		NON PCB'S	capacitor		

LABOR BILLING INFORMATION

EMPLOYEE	STAFF CODE	EMPLOYEE	DEPT CODE	STAFF CODE	EMPLOYEE	DEPT CODE	STAFF CODE	EMPLOYEE	DEPT CODE
105 Antonio		8000	5000		2	1			

SIGNATURE

Print Name

DATE

CUSTOMER
SIGNATURE

Print Name

Patricia L. Fults
DATEOFFICE USE ONLY
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149-43 15th Drive
Whitestone, NY 11357
Tel. 718-669-6885 • FAX

1-869-6955 • Fax 347-235-4741

1646

Date 10.07.20

Contract Warranty P.A.L.

Play		Playcare Kids LTC		Contract <input type="checkbox"/> Warranty <input type="checkbox"/> P & L <input type="checkbox"/>		
1636-33 Street Long Island City		NY 11101	MANUFACTURER SUPPLIER			
<input type="checkbox"/> CONTROL SYSTEMS <input type="checkbox"/> MICRO <input type="checkbox"/> INTEGRATED AUTOMATION <input type="checkbox"/> ROBOTICS <input type="checkbox"/> INDUSTRIAL KITCHEN <input type="checkbox"/> HEAT PUMPS <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> PLATES <input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> MONITORING <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STERLING <input type="checkbox"/> KOMIN CONTROLS <input type="checkbox"/> WEISS <input type="checkbox"/> TELETRONIC SYSTEMS	<input type="checkbox"/> TOURN & MAYER <input type="checkbox"/> ELECTRIC ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER	<input type="checkbox"/> SECURITY SYSTEMS <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONERS <input type="checkbox"/> VENTS <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
			SYSTEMS ARCHITECT	HOIST & TROLLEY DESIGN		

ACTION REPORT

Service.

- ① Get Service change Filters 2 VAF and 3 Air Handle
- ② Cleaning cassette and 8 whasing Filters
Everything is good.

Customer used Filter HR 13

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION:

QTY:	MPG:	PART NUMBER:	DESCRIPTION:
			<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES

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DATE 10-20 CUSTOMER SIGNATURE

~~Mike Zhang~~ DATE

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1775



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 09.03.20

Contract Warranty P & L

CUSTOMER City View Plaza		PHONE:		MANAGER	
ADDRESS 3636 33 Street		BUILDING:		SUPERVISOR/CONTACT	
CITY Long Island City		STATE	ZIP CODE	REQUESTED BY	
CONTROL EQUIPMENT <input type="checkbox"/> ASCHI <input type="checkbox"/> AMERICAN AUTOMATRIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT-TIMER		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAIRD & STAEFA <input type="checkbox"/> NOVA CONTROLS <input type="checkbox"/> SEBS <input type="checkbox"/> TELETRON SYSTEMS		TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	
				SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP
				SYSTEM PHONE	MOBILE & SERIAL NUMBER
INSTRUCTIONS					

ACTION REPORT

CONDITIONS FOUND

RTU SA not working.

SERVICES PERFORMED

① Roof top unit SA not working check problem I not have power the fuse Burned
 ② change is working ③ The electric problem is fan
 ④ 2 need to replace and contactor the unit is work
 Temporal need to pieces
 You need to replace fan motor and contactor

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
			<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	DESCRIPTION	START TIME	END TIME	REG HOURS	O/H HOURS	TRAVEL HRS	ENCL HRS	PARK	OTL HRS
09.03	Antonio G.	2:00	5:00						

SIGNATURE

DATE 09-03 CUSTOMER SIGNATURE

Print Name

Print Name

DATE

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WHITESTONE

149-44 15th Drive

Whitestone, NY 11357

Tel. 718-869-5965 • Fax: 347-235-4741

33 Roxton Hill Street
Greenwich

CONTROL EQUIPMENT

111 - AND
112 - AMERICAN AUTOMATION
113 - BACONIN
114 - BARKER CONTROLS
115 - HEATLYNER

116 - DOCUMENTATION INCORP

117 - ENVIRO

118 - FRIAR

119 - INSTRUMENTS

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 04-13-19

Contract Warranty P & L

CUSTOMER: Kitchen Pizza		PHONE:	MANAGER:			
ADDRESS: 2 Kirby Plaza, Mount Kisco		BUILDING:	SUPER/CONTACT:			
CITY:		STATE: NY ZIP CODE: 10549	REQUESTED BY:			
CONTROL EQUIPMENT: <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT-TIMER		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFFA <input type="checkbox"/> NOVAR CONTROLS <input type="checkbox"/> SIEBE <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM	<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES				SYSTEM PHONE:	MODEL & SERIAL NUMBER:	
INSTRUCTIONS:						

ACTION REPORT

CONDITIONS FOUND

The unit have leak.

SERVICES PERFORMED:

check the levels the problem is close the drain.
use nitrogen flushing is cleaning the unit is work
not present any problem change the pt trap
check the filters is clean

RECOMMENDATIONS

They need to install a new pan size 5x5 and They need 8 grills
Supply 14x14

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
			Use Nitrogen.
			Pur-p.p. co2ynas.
			P traps
			<input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	OT HOURS	TRAVEL HRS	EXPENSES	PARK	TOOLS (E-2)
4/13	Antonio Gutierrez	4:00	6:45			2			

SIGNATURE

DATE 04-13

CUSTOMER
SIGNATURE

DATE

Print Name

Print Name

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DILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 01-20-20

Contract Warranty P&L

CUSTOMER NAME: <u>James Jordan</u> ADDRESS: <u>44 Wheeler Ave</u> CITY: <u>Pleasantville</u>		PHONE: <u></u>	MANAGER: <u></u>		
BUILDING: <u></u>		SALES/CONTACT: <u></u>			
CONTROL EQUIPMENT: <input type="checkbox"/> AEGI <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARKERCOLEMAN <input type="checkbox"/> HEAT-TIMER	HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAEFA <input type="checkbox"/> MECH CONTROLS <input type="checkbox"/> SKILL <input type="checkbox"/> TELETRON SYSTEMS	STATE: <u>NY</u> ZIP CODE: <u>10570</u> REQUESTED BY:	SECURITYWARE <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> PLANS <input type="checkbox"/> PLS		SYSTEM PHONE: <u></u>		MODEL & SERIAL NUMBER: <u></u>	
INSTRUCTIONS: <u></u>					

ACTION REPORT

CONDITIONS FOUND

Move the Econo fans

SERVICES PERFORMED

Remove Econo Line 3 floor unit and
Remove Thermostat wire all is done
test the unit is working not problem cooling
and heating

RECOMMENDATIONS

COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:

CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

CODE	DESCRIPTION	START TIME	END TIME	REG HOURS	O/HOURS	TRAVEL HRS	EXPENSES	PARK	YARD (H-S)
0130	Antonio G	8:00	5:30			2			

SIGNATURE

Print Name

DATE 01-20

CUSTOMER
SIGNATURE J. Jordan

Print Name James Jordan

DATE 1/20

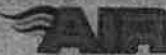
OFFICE USE ONLY

INVOICE NUMBER:

BILLED TO JOB NUMBER:

White: Office Copy Yellow: Job File Copy

WHITESTONE



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 22 21 29

Contract Warranty P & L

CUSTOMER NAME: Beauty Bar ADDRESS: 2566 Francis Lewis Blvd. CITY: Flushing.		PHONE: _____			MANAGER: _____		
		BUILDING: _____			SUPER/CONTACT: _____		
		STATE: NY	ZIP CODE: 11358	REQUESTED BY:			
<input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNES-COLEMAN <input type="checkbox"/> HEAT-THERM		<input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAUFF <input type="checkbox"/> NOVAK CONTROLS <input type="checkbox"/> SIEMENS <input type="checkbox"/> TELETRON SYSTEMS	<input type="checkbox"/> FISHER & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL	<input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM		<input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP	<input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION
JOB DOCUMENTATION REQUIRED:					SYSTEM PHONE: _____	MODEL & SERIAL NUMBER: _____	
<input type="checkbox"/> DRAWINGS <input type="checkbox"/> FAX							
INSTRUCTIONS: _____							

ACTION REPORT

CONDITIONS FOUND

Leack the units.

SERVICES PERFORMED

check the leak 3 units the problemen is
the drain pipe we replaced. 3 line for new
PVC pip. test is ok. and. washing filters.

cleaning the units

RECOMMENDATION

cleaning more frecuencie. to dirty the filters.
is closer
 COMPLETE UPDATE DRAWINGS UPDATE FILES FOLLOW-UP REQUIRED CONTINUATION

PARTS BILLING INFORMATION

QTY:	MFG:	PART NUMBER:	DESCRIPTION:
			7 PVC Pipe. 1/2
12			90° 12
12			45° 4

 CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

DATE	TECHNICIAN	START TIME	END TIME	REG HOURS	OT HOURS	TRAVEL HRS	EXPENSES	PARK	PERC CUT
02/21	Antonio Gidone	10:00	5:30			2			

SIGNATURE

Print Name

BILLED TO JOB NUMBER

DATE 02/21

CUSTOMER
SIGNATURE

Print Name

DATE

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INVOICE NUMBER

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